

# Florida Atlantic University

## INDIVIDUAL COVER SHEET FOR EXTERNAL LETTERS REQUESTED

1. Name, position, and institution of reviewer:
  
2. Reviewer's standing in the profession (If reviewer is not a tenured faculty member, include justification of equivalent national standing):
  
3. Certification: The chair/director (or dean), after consultation with the candidate, either will certify that no professional relationships exist between the candidate and the outside evaluator or will provide justification that the outside letter contains an unbiased assessment despite the professional relationship. (Evaluators with a relationship of student-teacher, colleagues in graduate school, former departmental colleagues, co-authors, co-investigators, co-editors, mentors and mentees or the conflicts of interest of the candidate are NOT eligible to submit letters.)

\_\_\_\_\_ Relationships do not exist

\_\_\_\_\_ Relationships do exist. Indicate relationship and justification

- \_\_\_\_\_ Student – Teacher
- \_\_\_\_\_ Graduate School Colleague
- \_\_\_\_\_ Former Department Colleague
- \_\_\_\_\_ Co-author
- \_\_\_\_\_ Co-editor
- \_\_\_\_\_ Mentor or Mentee
- \_\_\_\_\_ Other \_\_\_\_\_ (describe)

Justification:

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Director/Dean Signature

\_\_\_\_\_  
Date

# Florida Atlantic University

## Sample External Reviewer Request

PRINT ON DEPARTMENT LETTERHEAD

Revise this letter as appropriate to reflect the candidate's path (tenure and promotion, or just promotion).

DATE

<<FIRST\_NAME>> <<LAST\_NAME>>, <<DEGREE>>

<<TITLE>>

<<UNIVERSITY>>

<<DEPT>>

<<ADDRESS>>

<<CITY>>, <<STATE>> <<ZIP>>

Dear Dr. <<LAST\_NAME>>:

Dr. \_\_\_\_\_ (candidate's name) is being considered for [tenure and] promotion to the rank of \_\_\_\_\_ in the Department/School of \_\_\_\_\_ at the Florida Atlantic University, College of \_\_\_\_\_. The University seeks the input of nationally and internationally recognized experts in the candidate's field for the promotion and tenure process and I am writing to you to seek your assistance in reviewing the qualifications of Dr. \_\_\_\_\_ (candidate's name).

Dr. \_\_\_\_\_ (candidate's name) will be evaluated on her/his performance in the three major areas of academic responsibilities, including teaching, research and service. I am asking you to review her/his enclosed curriculum vita, unit criteria, self-evaluation and representative peer reviewed publications. Your evaluation of her/his research and scholarly contributions will be very important to this review process. Include this sentence: Dr. \_\_\_\_\_ (candidate's name) has, in writing, waived her/his right to view or request a copy of your evaluation letter. (Department Chairs/School Directors: make sure this is the case). Or this sentence: Candidates at FAU have the right to review all materials added to the portfolio, including external letters of evaluation.

In your letter, I would appreciate a description of your relationship with or contacts with, if any, the candidate. Please include in your assessment whether Dr. \_\_\_\_\_'s (candidate's name) research represents a significant contribution to the field and your opinion of her/his potential for further building a strong research record. Also, please comment on Dr. \_\_\_\_\_'s (candidate's name)

research productivity, relative to other university faculty at similar points in their career. Any comments you may have on Dr. \_\_\_\_\_'s (candidate's name) instructional abilities and service activities will also be considered.

Thank you for your assistance with this review. A copy of your current abbreviated C.V. with your response is required. In the event you cannot comply with this request, please inform me at your earliest convenience.

Sincerely,

NAME

Dean/Chair/Director

*Enclosure: candidate's CV; publications; self-evaluation; unit criteria*

# Florida Atlantic University

## Nominee Portfolio Cover Sheet

### Recommendation for Tenure and/or Promotion

4. General Current Information

Name \_\_\_\_\_

Department \_\_\_\_\_

College/Academic Unit \_\_\_\_\_

Type of Nomination (Check all that apply):

Tenure

Promotion to (List Proposed Rank \_\_\_\_\_)

5. Certification of Completeness of Promotion and Tenure Portfolio Documentation

I have reviewed this promotion and/or tenure portfolio and certify that all of the required materials are included on the date signed.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairperson/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

## Florida Atlantic University

I. General Current Information

Name \_\_\_\_\_

Department \_\_\_\_\_

College/Academic Unit \_\_\_\_\_

Type of Nomination (Check all that apply):

Tenure

Promotion to (List Proposed Rank \_\_\_\_\_)

II. Waiver of Right to Review Evaluation Letters from External Reviewers

Florida law permits the University to exempt faculty academic evaluative documents from disclosure as a public record. FAU Regulations 5.003 (Limited Access to Employee Records) specifically includes tenure and promotion files as exempt from public disclosure. The faculty member, however, does have the right to view his/her own record unless waived in writing. By signing this waiver below, letters of evaluation submitted in the tenure and promotion process will only be viewed by the reviewing committee members and administrators in the tenure and/or promotion process. Regardless, all requests for letters of evaluation must state whether or not the faculty member has waived this right.

CHECK ONE:

The nominee does waive his/her right to view external letters of evaluation.

The nominee refuses to waive his/her right to view external letters of evaluation.

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date